

<b>Case Number:</b>	CM15-0178514		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/30/2001
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female who sustained an industrial injury on 3-30-2001. A review of medical records indicates the injured worker is being treated for displacement of lumbar intervertebral disc without myelopathy, low back pain, degeneration of lumbar intervertebral disc, and lumbar post laminectomy syndrome. Medical records dated 3-12-2015 noted low back pain radiating to legs. Pain was rated a 7 out of 10. LES 1-29-2014 helped significantly; 11-12-2014 helped somewhat. The cervical spine pain was rated a 7 out of 10 and worst pain a 9 out 10. Alleviating factors included SCS and pain medications. Previous injections included CES on 1-15-2014, 9-3-2014, and 11-19-2014, which helped significantly. Physical exam was not provided. Further treatment has included Norco and Ibuprofen. Utilization review form noncertified 1 Lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker previously underwent lumbar epidural steroid injection on 11/12/14. Per progress report dated 12/11/14, the injured worker continued to complain of severe pain in the lower back rated 8/10. As there was no documentation of at least 50% pain relief for six to eight weeks, the criteria for repeat injection is not met. The request is not medically necessary. Furthermore, the request does not specify the operative level.